State of Virginia (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING __ 07/08/2016 B. WING. 495139 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 EAST LEE HIGHWAY LIFE CARE CENTER OF NEW MARKET **NEW MARKET, VA 22844** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) JD PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) F 000 F 000 **Initial Comments** An unannounced biennial State Licensure Inspection was conducted 7/6/16 through 7/8/16. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 118 certified bed facility was 109 at the time of the survey. The survey sample consisted of 24 current resident reviews (Residents #1 through #19 and #24 through #28) and four closed record reviews (Residents #20 through #23). F 001 F 001 Non Compliance F001 The facility was out of compliance with the following state licensure requirements: 12VAC5-371-220-H Nursing Services - Plan This RULE: is not met as evidenced by: 08/05/16 of Correction cross referenced to Form CMS The facility was not in compliance with the 2567 F 157 following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12VAC5-371-370-A Maintenance & 08/05/16 Housekeeping – Plan of Correction cross 12VAC5-371-220- H NURSING SERVICES referenced to Form CMS 2567 F 252 cross-referenced to F157 12VAC5-371-210-A.3 Nurse Staffing - Plan 08/05/16 12VAC5-371-370-A MAINTENANCE & of Correction cross referenced to Form CMS HOURSKEEPING-cross-referenced to F 252 2567 - F 280 12VAC5-371-210-A.3 NURSE STAFFING--12VAC5-371-250 F, H, I Resident cross-referenced to F-280 08/05/16 Assessment & Care Planning - Plan of Correction cross referenced to Form CMS 12VAC5-371-250 F, H, I RESIDENT 2567 - F 280 ASSESSMENT & CARE PLANNING cross-referenced to F 280 12VAC5-371-200-B.1 Director of Nursing -08/05/16 Plan of Correction cross referenced to Form 12VAC5-371-200 -B.1 DIRECTOR OF CMS 2567 - F281 NURSING-- cross-referenced to F 281

LABORATORY DIRECTOR'S ON PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

UWR011

If continuation sheet 1 of 4

(X6) DATE

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA iDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A, BUILDING

B. WING

07/08/2016

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF NEW MARKET

STREET ADDRESS, CITY, STATE, ZIP CODE

315 EAST LEE HIGHWAY NEW MARKET, VA 22844

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT	PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From Page 1 12VAC5-371-220 A, B NURSING SERVICES cross- referenced to F 309 & F 311		F 001	F001- Continued from Page 1 12VACS5-371-220 A, B Nursing Services – Plan of Correction cross referenced to Form CMS 2567 – F309 & F 311	08/05/16
	12VAC5-371-250-A 11 RESIDENT ASSI & CARE PLANNINGcross- referenced			12VAC5-371-250-A 11 Resident Assessment & Care Planning – Plan of Correction cross referenced to Form CMS 2567 – F 311 12VAC5-371-220-C Nursing Services – Plan of Correction cross referenced to Form CMS 2567 F 315	08/05/16
	12VAC5-371-220 C-NURSING SERVIC cross-referenced to F 315 12VAC5-371-210-A 1 NURSE STAFFIN				08/05/16
	cross-referenced to F 323 12VAC5-371- 220 A NURSING SERVIC cross-referenced to F 328			12VAC5-371-210-A 1 Nursing Staffing – Plan of Correction cross referenced to Form CMS 2567 F 323	08/05/16
	12VAC5-371-220-B - NURSING SERVICES cross-referenced to F 329 12VAC5-371-240-E - PHYSICIAN SERVICES cross-referenced to F 386 12VAC5-371-F- PHYSICIAN SERVICE			12VAC5-371-220-A Nursing Services – Plan of Correction cross referenced to Form CMS 2567 F 328	08/05/16
				12VAC5-371-220-B Nursing Services – Plan of Correction cross referenced to Form CMS 2567 F 329	08/05/16
	cross-referenced to F 387 12VAC5-371-310-A- DIAGNOSTIC SEF cross-referenced to F-502 & F 504	RVICES		12VAC5-371-240-E – Physician Services – Plan of Correction cross referenced to Form CMS 2567 F386	08/05/16
	12 VAC 5-317-360 E CLINICAL RECORDS - cross-referenced to F 514 Based on staff interview, facility document review and employee record review, it was determined that the facility staff failed to complete the Virginia			12VAC5-371-F - Physician Service - Plan of Correction cross referenced to Form CMS 2567 F387	08/05/16
				12VAC5-371-310-A – Diagnostic Services – Plan of Correction cross referenced to Form CMS 2567 F502 & F504	08/05/16
	State Police criminal background check days of hire for three of 25 employee re reviewed, Employee records #14, #19 a	cords		12VAC5-317-360 E – Clinical Records – Plan of Correction cross referenced to Form CMS 2567 F514	08/05/16
	For Employee Record review #14(LF [licensed practical nurse]), the facility states.	PN taff failed to			

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			IDENTIFICATION NUMBER: A. BUILDIN		A BUILDING		(X3) DATE SURVEY COMPLETED 07/08/2016	
	495139							
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F 001	continued From Page 2 obtain the criminal background check within 30 days of their hire date of 5/24/16 2. For Employee Record Review #19, (occupational therapy assistant [OTA]) the facility staff failed to obtain the criminal background check within 30 days of their hire date of 12/9/14. 3. For Employee Record Review #20, an LPN, the facility staff failed to obtain the criminal background check within 30 days of their hire date of 10/6/15. The findings include:				Criterion #1 - How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? Employee Records # 14, # 19 and #20 were identified as being affected by this practice. Virginia State Police background checks were received and are filed in their respective employee record. Each employee met hiring criteria. Criterion # 2 - How will the facility identify other residents having the potential to be affected by the same practice? All employees have the potential to be affected by this practice. An audit on 07/29/16 by the HR/Payroll Manager indicates that no current Virginia State Police Report requests are past the 30 day allowance.			
	1. A review of 25 employee records was conducted on 7/7/16. Employee Record review #14's file was reviewed. This employee, a licensed practical nurse, was hired on 5/24/16. Review of the file revealed the Virginia State Police Report dated, 6/27/16, a period of 33 days. The employee record file #14 was reviewed with						¥.	
	other staff member (OSM) #7, the payroll/accounts payable staff member on 7/7/16 at 4:36 p.m. She verified that the criminal background check was late. She stated, "I had issues at the end of last year. I called but they (state police) wouldn't let me refax it to them, they were past the due date." When asked the process for doing the criminal background checks, OSM #7 stated, "The day of orientation, I print them out and send them to the state police. Typically I check after 20 days and if not back I resend them." 2. Employee Record #19's file was reviewed. This employee, an occupational therapy assistant, was hired on 12/9/14. Review of the file revealed the Virginia State Police Report dated, 2/3/15, a period of 56 days. The employee record file #19			5	place or systematic changes mad the deficient practice will not recovered. A log is maintained by the HR/Pay Manager to show when backgroun requests are mailed to the Virginia Police (VSP) and completed report received. Any report not received days of request will be resubmitted VSP will not allow a follow-up recovered. All requests must be sent by mail. All Employees will continue to have Virginia State background check of through a 3rd party vendor, Sterling	e to ensure occur. Troll d check State ts are within 15 d. Note: the quest to be y regular		

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AND PLAN OF CORRECTION IDENTIFICATION (A, BUILDING		1	
		495139		B. WING		07/08/	2016
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
LIFE CAR	RE CENTER OF NEW	MARKET		LEE HIGHV KET, VA 22	2844		
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F 001	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		reviewed. rse, was vealed the 14/15. The I with OSM ed this /12/15, a Policy and ocumented, ndent ertain nection with orporation) ng reporting the FCRA elevant		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		08/05/16
					Interim Executive Director (IED) of HR/Payroll Manager for 3 months 100% compliance is achieved. 12VAC5-371-180-C – Infection C Plan of Correction cross referenced CMS 2567 F441	or until	08/05/16